## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

	ed below or directed otl	herwise in Block 1, by (a								
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
30448		9/2010			Cer	tificate	of Mailing or Trans			
AKERMAN S P.O. BOX 3188 WEST PALM B		I hereby certify that this Fee(s) Transmittal is being deposited with the Uni States Postal Service with sufficient postage for first class mail in an enveloped addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (571) 273-2885, on the date indicated below.								
									(Depositor's name)	
									(Signature)	
									(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	TOR	Į.		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/520,762 07/25/2005		Jean Marc Auriol			3978-17 (185766)			5085		
APPLN, TYPE	SMALL ENTITY	NG AND DISPENSING I	PUBLICATION FEE D		PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$755	\$300	OL	\$0		\$1055		12/29/2010	
*	EXAMINER		CLASS-SUBCLASS	$\neg$	ΨΟ		φ1033		12/2//2010	
SAFAVI, MICHAEL		3637	221-278000		_					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Akerman Senterfitt  2 Peter A. Chiabotti  3							
PLEASE NOTE: Unitecordation as set fort  (A) NAME OF ASSIGN F2 C2 SYSTEM AURIOL, Jean BORNES, Philip	less an assignee is ident h in 37 CFR 3.11. Comj GNEE Marc i.ppe	A TO BE PRINTED ON This ified below, no assignee pletion of this form is NO	data will appear on the T a substitute for filing (B) RESIDENCE: (C) Flourens, Fra Flourens, Fra Flourens, Fra Flourens, Fra	ne pat g an as CITY a ance ance	ent. If an assign ssignment. and STATE OR C	COUNT	TRY)			
Please check the appropr	iate assignee category or	categories (will not be pr	inted on the patent):	ŭ I	Individual 💾 Co	orporati	on or other private gro	oup entit	y Government	
4a. The following fee(s)  Issue Fee  Publication Fee (N  Advance Order - :	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0951 (enclose an extra copy of this form).									
_ ~ .	tus (from status indicate	· · · · · · · · · · · · · · · · · · ·								
	s SMALL ENTITY state						CITY status. See 37 Cl			
		uired) will not be accepte tes Patent and Trademark		ian the	e applicant; a regi	stered a	ittorney or agent; or th	ie assign	nee or other party in	
Authorized Signature /Peter A. Chiabotti/					DateDec	embe	r 29, 2010			
Typed or printed name Peter A. Chiabotti			Registration No. 54, 603							
an application. Confiden submitting the completed this form and/or suggesti	tiality is governed by 35 d application form to the ions for reducing this bu	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	1.14. This collection is depending upon the in e Chief Information Of	s estir ndivio fficer	mated to take 12 i dual case. Any co . U.S. Patent and	ninutes mment Traden	to complete, including s on the amount of time ark Office, U.S. Depart	g gather ne you i artment	ring, preparing, and require to complete of Commerce, P.O.	

Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.